SERFF Tracking Number: CHMU-125757865 State: Arkansas
Filing Company: Church Mutual Insurance Company State Tracking Number: EFT \$100

Company Tracking Number: BO-1

TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines

Product Name: Boatowners Program

Project Name/Number: Adopt AAIS-2008-26R/

Filing at a Glance

Company: Church Mutual Insurance Company

Product Name: Boatowners Program SERFF Tr Num: CHMU-125757865 State: Arkansas

TOI: 33.0 Other Lines of Business SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 33.0001 Other Personal Lines Co Tr Num: BO-1 State Status: Fees verified and

received

Filing Type: Rate/Rule Co Status: Reviewer(s): Alexa Grissom, Betty

Montesi

Disposition Date: 08/14/2008

Authors: Melissa Lemke, Lynda

Below

Date Submitted: 08/07/2008 Disposition Status: Filed

Effective Date Requested (New): 12/01/2008 Effective Date (New): 12/01/2008

State Filing Description:

General Information

Project Name: Adopt AAIS-2008-26R Status of Filing in Domicile:

Project Number: Domicile Status Comments:

Reference Organization: AAIS Reference Number: AAIS-2008-26R and AAIS-

2008-26LC

Reference Title: Advisory Org. Circular:

Filing Status Changed: 08/14/2008

State Status Changed: 08/14/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The American Association of Insurance Services has filed and received approval of the filngs designations AAIS-2008-

26R and AAIS-2008-26LC.

Church Mutual Insurance Company will adopt this revision effective December 1, 2008.

Company Tracking Number: BO-1

TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines

Product Name: Boatowners Program

Project Name/Number: Adopt AAIS-2008-26R/

Company and Contact

Filing Contact Information

Steve Nurre, Director--Automobile Lines snurre@churchmutual.com 3000 Schuster Lane (715) 539-4257 [Phone] Merrill, WI 54452 (715) 539-4409[FAX]

Filing Company Information

Church Mutual Insurance Company CoCode: 18767 State of Domicile: Wisconsin

3000 Schuster Lane Group Code: Company Type: P&C

PO Box 357

Merrill, WI 54452 Group Name: State ID Number:

(715) 536-5577 ext. [Phone] FEIN Number: 39-0712210

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No

Fee Explanation: State requirement.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Church Mutual Insurance Company \$100.00 08/07/2008 21838804

Company Tracking Number: BO-1

TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines

Product Name: Boatowners Program

Project Name/Number: Adopt AAIS-2008-26R/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	08/14/2008	08/14/2008

Company Tracking Number: BO-1

TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines

Product Name: Boatowners Program

Project Name/Number: Adopt AAIS-2008-26R/

Disposition

Disposition Date: 08/14/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal):

Status: Filed Comment:

Rate data does NOT apply to filing.

Company Tracking Number: BO-1

TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines

Product Name: Boatowners Program

Project Name/Number: Adopt AAIS-2008-26R/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Propert	Yes	
•	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Filed	Yes
0	OTHER than Workers' Comp		
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes

Company Tracking Number: BO-1

TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines

Product Name: Boatowners Program

Project Name/Number: Adopt AAIS-2008-26R/

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: BO-1

TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines

Product Name: Boatowners Program

Project Name/Number: Adopt AAIS-2008-26R/

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Filed 08/14/2008

Property & Casualty

Comments:

Attachment: AR - PC-TD-1.pdf

Review Status:

Satisfied -Name: NAIC Loss Cost Filing Document Filed 08/14/2008

for OTHER than Workers' Comp

Comments:

Attachment:AR - ADOPTION OF ADVISORY ORGANIZATION.pdf

Review Status:

Satisfied -Name: NAIC loss cost data entry document Filed 08/14/2008

Comments: Attachment:

FORM RF-1 Rate Filing Abstract.pdf

Review Status:

Satisfied -Name: Cover Letter Filed 08/14/2008

Comments: Attachment:

AR-BO-1.pdf

				•			Property & Casualty Transmittal Document Reset Form							
	2. Insurance Department Use only													
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3.	Group Name						Group NAIC #							
	N/A						N/A							
4.	Company Name(s)	· · · · · ·	Don	nicile	NAIC#	FEIN#	State #							
	Church Mutual Insurance Compa	iny	WI		18767	39-0712210								
	·	-												
5.	Company Tracking Number	•		BO-1										
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	ntact Info of Filer(s) or Corporate	e Officer(s)	(inc		-free numb	er]								
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6.	Name and address Steve Nurre 3000 Schuster Lane	Title DirectorAuto		tude toll		FAX#								
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6.	Name and address Steve Nurre 3000 Schuster Lane	Title DirectorAuto		tude toll	hone #s	FAX#								
	Name and address Steve Nurre 3000 Schuster Lane Merrill WI 54452	Title DirectorAuto		Telep	hone #s 2642 ext 4257	FAX # 715-539-4409								
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August 1, 2008

☑ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

18. Company's Date of Filing19. Status of filing in domicile

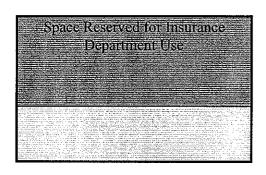
Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #						
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]						
	The American Association of Insurance Services has filed and received approval of AAIS designations AAIS-2008-26R and AAIS-2008-26LC.						
	Church Mutual Insurance Company wishes to adopt this revision effective December 1, 2008 for new and renewal business.						
	View Complete Filing Description						
22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]						
	neck #: mount:						
	r to each state's checklist for additional state specific requirements or instructions on lating fees.						

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

Date:	August	5,	2008	
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OTHER THAN WORKERS' COMPENSATION LOSS COST FILING DOCUMENT COVER FORM

INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS

1.	INSURER NAME Church Mutual Insurance Company
	ADDRESS 3000 Schuster Lane Merrill WI 54452
2.	PERSON RESPONSIBLE FOR FILING Steve Nurre
٠	TITLE DirectorPersonal Lines TELEPHONE # 715-539-4257
3.	INSURER NAIC # 18767
4.	LINE OF INSURANCE Boatowners Program
5.	ADVISORY ORGANIZATIONAAIS
6.	PROPOSED RATE LEVEL CHANGE6.6 % EFFECTIVE DATE12-01-08
7.	PRIOR RATE LEVEL CHANGE Various % EFFECTIVE DATE 05-01-02 No 08-01-02 Ref
8.	ATTACH "NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION" (Use the above document separately for each insurer elected loss cost multiplier.)

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #						E	BO-1						
2.	2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number							AAIS					
				Comp	any Name				Compa	any NAIC Number			
3.	Α.	Church Mutual Insurance Company						B. 18767					
		5 1 10 11			5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
		Product Codii	•		,	., Type of Insura				urance (i.e., Sub-type of		ce)	
4.	A.		33.0) – Other	Line of Busi	ness		В.	33.0001	- Other Personal Line	S		
5.													
		(A)							FOR LOSS COST			(H)	
	CO	VERAGE		(B) icated	(C) Requested	(D)		(E) Loss Cost	(F) Selected	(G) Expense	(G)		
		nstructions)	%	Rate	% Rate	Expecte	ed	Modification	Loss Cost	Constant	Co. Current Loss Cost		
				Change	Level Chang			Factor	Multiplier	(If Applicable)	Multiplier		
		ers Program be written	l	N/A	-6.6%	Various	S	Various	Various	N/A	Various		
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6.		5 Year H	listory	Rat	te Change Hist			. 1		7.	ı		
Year Policy 0		Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss	Countrywide Loss Ratio	Lynanca Conctante		Selected Provisions		
	2008 0			0	12-01-08	0	0	0.0	0.0	A. Total Production Expense		N/A	
										B. General Expense		N/A	
										C. Taxes, License & Fe D. Underwriting Profit	ees	N/A	
										& Contingencies		N/A	
										E. Other (explain)		N/A	
										F. TOTAL		N/A	
8. 9.	. Y_Apply Lost Cost Factors to Future filings? (Y or N)												
10.		0 Estimated I	Maximu	ım Rate D	ecrease for a	iny Insured (%)	Territory ((if applicable): _					



August 1, 2008

HONORABLE JULIE BENAFIELD BOWMAN COMMISSIONER OF INSURANCE ARKANSAS DEPARTMENT OF INSURANCE 1200 W 3RD ST LITTLE ROCK AR 72201-1904

RE: Church Mutual Insurance Company

Boatowners Program

AAIS Filing Designation Nos. AAIS-2008-26R and AAIS-2008-26LC

Church Mutual File No. BO-1

Dear Commissioner Bowman:

The American Association of Insurance Services has filed and received approval of the above-mentioned filings.

Church Mutual will adopt this revision effective December 1, 2008, for new and renewal business.

Sincerely,

Steve Nurre, CPCU, AIS Director--Automobile Lines

Steen Nume_

bmb